

# LIQUOR LICENSE APPLICATION CHECKLIST

DATE REC'D. AT BOS OFFICE: October 4, 2010

NAME OF ESTABLISHMENT: Tall Pines Market

COUNTY NUMBER: LL 10-07

DATE	
10/4/10 <sup>SE</sup>	County number assigned in database
10/4/10 <sup>SE</sup>	County number written on top right hand corner of application & questionnaire
10/4/10 <sup>SE</sup>	Letters sent to: <ol style="list-style-type: none"> <li>1. Sheriff's office w/copy of Application/Questionnaire/Notice/Affidavit of Posting</li> <li>2. Planning &amp; Zoning w/copy of Application/Questionnaire</li> <li>3. Health Dept. re: health operating permits (info. only)</li> </ol>
11-2-10 10-11-10 10-13-10	Letters received from: <ol style="list-style-type: none"> <li>1. Sheriff's Office</li> <li>2. Planning &amp; Zoning</li> <li>3. Health Department</li> </ol>
11-3-10	Set as BOS agenda item w/required backup material
11-3-10	Applicant informed of BOS meeting date and time
	Applicant sent written notification of Board's decision
	State Dept. of Liquor Licenses & Control sent written notification of Board's decision w/copy of Application/Questionnaire and original Affidavit of Posting Notice
	File all material in Liquor License File

## Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor

Phoenix, Arizona 85007

www.azliquor.gov

602-542-5141

## LOCAL GOVERNING BODY RECOMMENDATION

CITY/TOWN OF \_\_\_\_\_ STATE APPLICATION # 09040014COUNTY OF Maricopa, ARIZONA. CITY/TOWN/COUNTY # \_\_\_\_\_ORDER # 11-10-07At a \_\_\_\_\_ meeting of the \_\_\_\_\_ of the City/Town/County  
(Regular or Special) (Governing Body)of Maricopa held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ the  
(Day) (Month) (Year)application of Michael Jelinek for a license to sell spirituous liquors at  
the premises described in Application # 09040014, License Class Series 9 was  
considered as provided by Title 4, A.R.S. as amended.IT IS THEREFORE ORDERED that the APPLICATION of Michael Jelinek for Wickesburg Oil  
Company, Inc.  
is hereby recommended for \_\_\_\_\_  
(approval/disapproval)

a license to sell spirituous liquors of the class, and in the manner designated in the Application.

IT IS FURTHER ORDERED that a Certified Copy of this Order be immediately transmitted to the  
Department of Liquor Licenses and Control, Licensing Division, Phoenix, Arizona.\_\_\_\_\_  
CITY/TOWN/COUNTY CLERK

DATED AT \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_  
(Day) (Month) (Year)

\* Disabled individuals requiring special accommodations please call the Department

## ARIZONA DEPARTMENT OF LIQUOR LICENSES AND CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
www.azliquor.gov  
(602) 542-5141

## AFFIDAVIT OF POSTING

Date of Posting: October 7, 2010 Date of Posting Removal: October 28, 2010

Applicant Name: Geinck, Michael R  
Last First Middle

Business Address: 1101 Christopher Creek Loop Payson, Az 85541  
Street City Zip

License #: 09040014

I hereby certify that pursuant to A.R.S. § 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

DOREEN SPYCHALA SERGEANT 3200 928-595-0750  
Print Name of City/County Official Title Telephone #

Sergeant Doreen Spychala 3200 10-07-10  
Signature Date Signed

Return this affidavit with your recommendation (i.e., Minutes of Meeting, Verbatim, etc.) or any other related documents.

If you have any questions please call (602) 542-5141 and ask for the Licensing Division.

Individuals requiring special accommodations please call (602) 542-9027

**Thomas H. Melcher**  
Chief Deputy



**James A. Eskew**  
Jail Commander

Office of  
**Sheriff of Gila County**  
**John R. Armer**

October 28, 2010  
Gila County Sheriff's Office  
Page Two

Please direct the deputy to immediately notify Nancy Neumann at the Gila County Sheriff's Office of the posting date. Nancy can be reached at (928) 425-3231 ext. 8579.

After the 20-day period has ended, I would appreciate the Notice being taken down as quickly as possible. (Note: The Notice must be taken down on the 21<sup>st</sup> day or after, not the 20<sup>th</sup> day.) Upon removal of the Notice and Application, the deputy should complete the Affidavit of Posting form and all of the paperwork should be immediately sent to Ms. Davis who will record the removal date and then forward to me all paperwork including this letter signed by the Sheriff.

I can be contacted at (928) 425-3231 extension 8757 if you have questions.

**Business Address of Posting: 1101 Christopher Creek Loop Payson, AZ 85541**

THE APPLICATION FOR LIQUOR LICENSE AND NOTICE WERE POSTED AT THE ABOVE ADDRESS FOR A PERIOD OF TWENTY DAYS AS REQUIRED BY LAW.

Signed:

A handwritten signature in cursive script that reads "John R. Armer".  
Sheriff John R. Armer

Tommie C. Martin, District I  
610 E. Hwy 260, Payson 85547  
(928) 474-2029  
[tmartin@gilacountyaz.gov](mailto:tmartin@gilacountyaz.gov)

Michael A. Pastor, District II  
(928) 402-8753  
[mpastor@gilacountyaz.gov](mailto:mpastor@gilacountyaz.gov)

Shirley L. Dawson, District III  
(928) 402-8511  
[sdawson@gilacountyaz.gov](mailto:sdawson@gilacountyaz.gov)



**GILA COUNTY**  
**BOARD OF SUPERVISORS**

1400 E. Ash  
Globe, Arizona 85501

Don E. McDaniel, Jr.,  
County Manager  
(928) 402-4257  
[dmcDaniel@gilacountyaz.gov](mailto:dmcDaniel@gilacountyaz.gov)

John F. Nelson,  
Deputy County Manager/  
Clerk of the Board of Supervisors  
(928) 402-8754  
[jnelson@gilacountyaz.gov](mailto:jnelson@gilacountyaz.gov)

**DATE:** October 4, 2010  
**TO:** Gila County Community Development Department  
**FROM:** Marian Sheppard, Chief Deputy Clerk of the Board<sup>SE</sup>  
**SUBJECT:** Liquor License Application

Please be advised that the following Liquor License Application was filed with the Arizona State Department of Liquor Licenses and Control on September 30, 2010. In accordance with A.R.S. §4-201, the Board of Supervisors is required to accept, deny, or return a "no recommendation" decision regarding this application to the Arizona State Department of Liquor Licenses and Control **within sixty days of the filing date**. Attached is a copy of the application and questionnaire(s) pertaining to the following:

Applicant: Michael R. Jelinek for Wickenburg Oil Company, Inc.  
No./Type: #9 - Liquor Store License - Person Transfer/Interim Permit  
Business Name: Tall Pines Market  
Location: 1101 Christopher Creek Loop, Christopher Creek, AZ 85541  
Current License Owner: Deborrah D. Aschbrenner  
Location of License: saa

Please indicate (below) whether this application meets zoning requirements and building permit issues/concerns related to this business, return as soon as possible.

\*\*\*\*\*

THIS ESTABLISHMENT DOES / ~~DOES NOT~~ MEET THE ZONING REQUIREMENTS FOR A LIQUOR LICENSE.

X No pending issues

Issues pending, as follows: \_\_\_\_\_

Signed: \_\_\_\_\_

Bob Gould, Director

Joe Mendoza for

Tommie C. Martin, District I  
610 E. Hwy 260, Payson 85547  
(928) 474-2029  
[tmartin@gilacountyaz.gov](mailto:tmartin@gilacountyaz.gov)

Michael A. Pastor, District II  
(928) 402-8753  
[mpastor@gilacountyaz.gov](mailto:mpastor@gilacountyaz.gov)

Shirley L. Dawson, District III  
(928) 402-8511  
[sdawson@gilacountyaz.gov](mailto:sdawson@gilacountyaz.gov)



**GILA COUNTY**  
**BOARD OF SUPERVISORS**

1400 E. Ash  
Globe, Arizona 85501

Don E. McDaniel, Jr.,  
County Manager  
(928) 402-4257  
[dmcdaniel@gilacountyaz.gov](mailto:dmcdaniel@gilacountyaz.gov)

John F. Nelson,  
Deputy County Manager/  
Clerk of the Board of Supervisors  
(928) 402-8754  
[jnelson@gilacountyaz.gov](mailto:jnelson@gilacountyaz.gov)

**DATE:** October 4, 2010  
**TO:** Gila County Health Department  
**FROM:** Marian Sheppard, Chief Deputy Clerk of the Board<sup>SE</sup>  
**SUBJECT:** Liquor License Application

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Please be advised that the following Liquor License Application was filed with the Arizona State Department of Liquor Licenses and Control on September 30, 2010. In accordance with A.R.S. §4-201, the Board of Supervisors is required to accept, deny, or return a "no recommendation" decision regarding this application to the Arizona State Department of Liquor Licenses and Control **within sixty days of the filing date.**

Applicant: Michael R. Jelinek for Wickenburg Oil Company, Inc.  
No./Type: #9 - Liquor Store License - Person Transfer/Interim Permit  
Business Name: Tall Pines Market  
Location: 1101 Christopher Creek Loop, Christopher Creek, AZ 85541  
Current License Owner: Deborrah D. Aschbrenner  
Location of License: saa

Please indicate (below) if there are permitting issues or concerns within your department that are related to this business and return to me as soon as possible.

☒ No pending issues.

Issues pending, as follows:

Signed: Michael Nelson

# ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
(602) 542-5141

400 W Congress #521  
Tucson AZ 85701-1352  
(520) 628-6595

## APPLICATION FOR LIQUOR LICENSE

LL-10-07

TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

### SECTION 1 This application is for a:

- ☐ INTERIM PERMIT *Complete Section 5*  
☐ NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*  
☐ PERSON TRANSFER (Bars & Liquor Stores ONLY)  
*Complete Sections 2, 3, 4, 11, 13, 15, 16*  
☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY)  
*Complete Sections 2, 3, 4, 12, 13, 15, 16*  
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE  
*Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)*  
☐ GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

### SECTION 2 Type of ownership:

- ☐ J.T.W.R.O.S. *Complete Section 6*  
☐ INDIVIDUAL *Complete Section 6*  
☐ PARTNERSHIP *Complete Section 6*  
☐ CORPORATION *Complete Section 7*  
☐ LIMITED LIABILITY CO. *Complete Section 7*  
☐ CLUB *Complete Section 8*  
☐ GOVERNMENT *Complete Section 10*  
☐ TRUST *Complete Section 6*  
☐ OTHER Explain

### SECTION 3 Type of license and fees

LICENSE #: 09040014

1. Type of License: 09040014 2. Total fees attached: \$

**APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.**

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

### SECTION 4 Applicant

1. Owner/Agent's Name: Mr. JELINEK Michael Richard  
 (Insert one name ONLY to appear on license) Last First Middle

2. Corp./Partnership/L.L.C.:  
 (Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name:  
 (Exactly as it appears on the exterior of premises)

4. Principal Street Location HC-2 Box 121-L Hwy 260 Payson Gila 85541  
 (Do not use PO Box Number) City County Zip

5. Business Phone: ( ) Daytime Contact: ( )

6. Is the business located within the incorporated limits of the above city or town? ☐ YES ☐ NO

7. Mailing Address: City State Zip

8. Enter the amount paid for a bar, beer and wine, or liquor store license\$ (Price of License only)

### DEPARTMENT USE ONLY

Fees: 100 100 48.00  
 Application Interim Permit Agent Change Club Finger Prints \$ 548.00  
**TOTAL OF ALL FEES**

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☒ YES ☐ NO

Accepted by: M.C. Date: 9/30/2010 Lic. # 09040014

Arizona Department of Liquor Licenses and Control  
800 West Washington, 5th Floor  
Phoenix, Arizona 85007  
www.azliquor.gov  
602-542-5141

**APPLICATION FOR LIQUOR LICENSE**  
**TYPE OR PRINT WITH BLACK INK**

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

**SECTION 1** This application is for a:

- ☐ MORE THAN ONE LICENSE  
☒ INTERIM PERMIT *Complete Section 5*  
☐ NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*  
☒ PERSON TRANSFER (Bars & Liquor Stores ONLY)  
*Complete Sections 2, 3, 4, 11, 13, 15, 16*  
☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY)  
*Complete Sections 2, 3, 4, 12, 13, 15, 16*  
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE  
*Complete Sections 2, 3, 4, 9, 13, 16* (fee not required)  
☐ GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

**SECTION 2** Type of ownership:

- ☐ J.T.W.R.O.S. *Complete Section 6*  
☐ INDIVIDUAL *Complete Section 6*  
☐ PARTNERSHIP *Complete Section 6*  
☒ CORPORATION *Complete Section 7*  
☐ LIMITED LIABILITY CO. *Complete Section 7*  
☐ CLUB *Complete Section 8*  
☐ GOVERNMENT *Complete Section 10*  
☐ TRUST *Complete Section 6*  
☐ OTHER (Explain) \_\_\_\_\_

**SECTION 3** Type of license and fees LICENSE #(s): 09040014

1. Type of License(s): Series #9

2. Total fees attached: \$

Department Use Only

**APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE**

**The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.**

**SECTION 4** Applicant

1. Owner/Agent's Name: Mr. Jelinek Michael Richard  
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: Wickenburg Oil Company, Inc. B 1044866  
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: Tall Pines Market B 100X1029  
(Exactly as it appears on the exterior of premises)
4. Principal Street Location 1101 Christopher Creek Loop Christopher Creek Gila 85541  
(Do not use PO Box Number) City County Zip
5. Business Phone: 928-478-4550 Daytime Contact: 623-687-6235
6. Is the business located within the incorporated limits of the above city or town? ☐ YES ☒ NO
7. Mailing Address: 22512 N. 82nd Ave. Peoria Arizona 85383  
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type #9 \$ 30,000 Type \_\_\_\_\_ \$ \_\_\_\_\_

**DEPARTMENT USE ONLY**

Fees: \_\_\_\_\_  
Application Interim Permit Agent Change Club Finger Prints \$ \_\_\_\_\_  
**TOTAL OF ALL FEES**

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☐ YES ☐ NO

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_ Lic. # \_\_\_\_\_

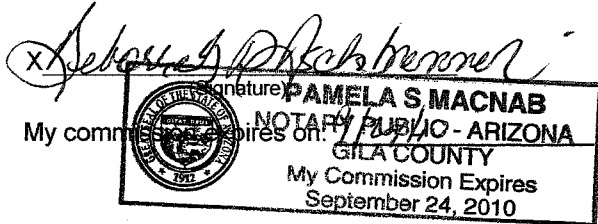


**SECTION 5 Interim Permit:**

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. 09040014
4. Is the license currently in use? ☒ YES ☐ NO If no, how long has it been out of use? \_\_\_\_\_

**ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.**

I, DEBORAH D. ASCHRENER (Print full name) declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER, MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.



State of ARIZONA County of GILA  
The foregoing instrument was acknowledged before me this  
22 day of SEPT., 2010  
Day Month Year  
Pamela S. Macnab  
(Signature of NOTARY PUBLIC)

**SECTION 6 Individual or Partnership Owners:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

**1. Individual:**

Last	First	Middle	% Owned	Mailing Address	City	State	Zip

Partnership Name: (Only the first partner listed will appear on license) \_\_\_\_\_

General-Limited	Last	First	Middle	% Owned	Mailing Address	City	State	Zip
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							

(ATTACH ADDITIONAL SHEET IF NECESSARY)

2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☐ NO  
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

**SECTION 7 Corporation/Limited Liability Co.:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

☒ CORPORATION Complete questions 1, 2, 3, 5, 6, 7, and 8.☐ L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8.

1. Name of Corporation/L.L.C.: Wickenburg Oil Company, Inc.  
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 10/02/1981 State where Incorporated/Organized: ARIZONA
3. AZ Corporation Commission File No.: 0141936-3 Date authorized to do business in AZ: 10/06/1981
4. AZ L.L.C. File No.: \_\_\_\_\_ Date authorized to do business in AZ: \_\_\_\_\_
5. Is Corp./L.L.C. Non-profit? ☐ YES ☒ NO
6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City State Zip
Jelinek	Michael	Richard	President	22512 N. 82nd Ave. Peoria, AZ	85383
Jelinek	Lynette	Kay	Secretary	22512 N. 82nd Ave. Peoria, AZ	85383
P100224					

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City State Zip
Jelinek	Michael	Richard	50	22512 N. 82nd Ave. Peoria, AZ	85383
Jelinek	Lynette	Kay	50	22512 N. 82nd Ave. Peoria, AZ	85383

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

**SECTION 8 Club Applicants:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

1. Name of Club: \_\_\_\_\_ Date Chartered: \_\_\_\_\_  
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)

2. Is club non-profit?
- ☐
- YES
- ☐
- NO

3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City State Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

## Supplemental Information for Section 7

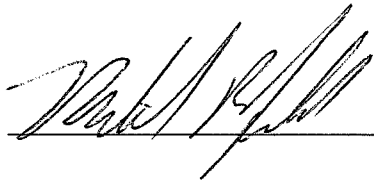
Richard J. Jelinek is a former officer and stockholder of Wickenburg Oil Company, Inc.

Richard J. Jelinek has resigned and sold all shares of corporation as evidenced by the attached letter to the directors.

Richard J. Jelinek was listed on the most recent annual report which was filed prior to his resignation.

This information is provided by:

Michael Richard Jelinek – President/CEO

A handwritten signature in dark ink, appearing to read "Michael R. Jelinek", written over a horizontal line.

Date: 09-20-2010

SEP 30 11:55 AM '10

September 1, 2010

To the board of directors of Wickenburg Oil Company:

I Richard J. Jelinek, do hereby resign as the Vice-president of Wickenburg Oil Company, Inc. as of today, September 1, 2010 at 12:00 noon. I also give notice to the board that I have sold all the stock I own in the corporation amounting to 100 shares to Michael R. Jelinek and Lynette K. Jelinek.

A handwritten signature in cursive script, appearing to read "Richard J. Jelinek", is written over a horizontal line.

Richard J. Jelinek

\*10 SEP 30 11:47 AM '10

**SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:**

1. Current Licensee's Name: \_\_\_\_\_  
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: \_\_\_\_\_  
Last First Middle
3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ Date of Last Renewal: \_\_\_\_\_
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

**SECTION 10 Government: (for cities, towns, or counties only)**

1. Governmental Entity: \_\_\_\_\_
2. Person/designee: \_\_\_\_\_  
Last First Middle Contact Phone Number

**A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.**

**SECTION 11 Person to Person Transfer:**

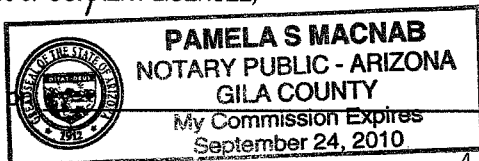
Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

1. Current Licensee's Name: ASCHBRENNER DEBORAH DAVIS Entity: TALL PINES MKT.  
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: \_\_\_\_\_  
(Exactly as it appears on license)
3. Current Business Name: TALL PINES MARKET  
(Exactly as it appears on license)
4. Physical Street Location of Business: Street HC-2 Box 121-L Hwy 260  
City, State, Zip Payson, AZ-85541
5. License Type: SERIES #9 License Number: 09040014
6. If more than one license to be transferred: License Type: N/A License Number: N/A
7. Current Mailing Address: Street HC-2 Box 121-L Hwy 260  
(Other than business) City, State, Zip Payson Arizona 85541
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☒ YES ☐ NO
9. Does the applicant intend to operate the business while this application is pending? ☒ YES ☐ NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

10. I, DEBORAH D. ASCHBRENNER hereby authorize the department to process this application to transfer the  
(print full name)  
privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.
- I, DEBORAH D. ASCHBRENNER, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER  
(print full name)  
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

Deborah D. Aschbrenner  
(Signature of CURRENT LICENSEE)

My commission expires



State of ARIZONA County of GILA  
The foregoing instrument was acknowledged before me this  
22 Day Sept. Month 2010 Year  
Pamela S Macnab  
(Signature of NOTARY PUBLIC)

**SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)**

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Business: Name \_\_\_\_\_  
(Exactly as it appears on license) Address \_\_\_\_\_
2. New Business: Name \_\_\_\_\_  
(Physical Street Location) Address \_\_\_\_\_
3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
4. If more than one license to be transferred: License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
5. What date do you plan to move? \_\_\_\_\_ What date do you plan to open? \_\_\_\_\_

**SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):**

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02) c) Government license (§ 4-205.03)  
b) Hotel/motel license (§ 4-205.01) d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: 120,000 ft. Name of school Frontier Elementary School  
Address 1000 E. Frontier St. Payson Az. 85541  
City, State, Zip
2. Distance to nearest church: 3,500 ft. Name of church Christopher Creek Bible  
Address 1036 E. Christopher Creek Loop Payson Az. 85541  
City, State, Zip
3. I am the: ☐ Lessee ☐ Sublessee ☐ Owner ☒ Purchaser (of premises)
4. If the premises is leased give lessors: Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip
- 4a. Monthly rental/lease rate \$ \_\_\_\_\_ What is the remaining length of the lease \_\_\_\_ yrs. \_\_\_\_ mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ \_\_\_\_\_ or other \_\_\_\_\_  
(give details - attach additional sheet if necessary)
5. What is the total **business** indebtedness for this license/location excluding the lease? \$ 455,000  
Please list debtors below if applicable.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip
Deborah	Aschbrenner	and Deakula Trust	\$455,000	4729 E. Sunrise Dr #453	Tucson Az	85715

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? Convenience / Liquor Store

### SECTION 13 - continued

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?

☐ YES ☒ NO If yes, attach explanation.

8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO

9. Is the premises currently licensed with a liquor license? ☒ YES ☐ NO If yes, give license number and licensee's name:

License # 09040014 (exactly as it appears on license) Name Deborah Davis Aschbrenner

### SECTION 14 Restaurant or hotel/motel license applicants:

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☐ YES ☐ NO

If yes, give the name of licensee, Agent or a company name:

\_\_\_\_\_ and license #: \_\_\_\_\_  
Last First Middle

2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.

3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.

4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☐ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

\_\_\_\_\_  
applicant's signature

As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary and the new inspection date you are requesting. To schedule your site inspection visit [www.azliquor.gov](http://www.azliquor.gov) and click on the "Information" tab.

\_\_\_\_\_  
applicant's initials

### SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

1. Check ALL boxes that apply to your business:

☒ Entrances/Exits ☒ Liquor storage areas Patio: ☐ Contiguous  
☐ Service windows ☐ Drive-in windows ☐ Non Contiguous

2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☐ YES ☒ NO

If yes, what is your estimated opening date?

\_\_\_\_\_  
month/day/year

3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.

4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).

5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

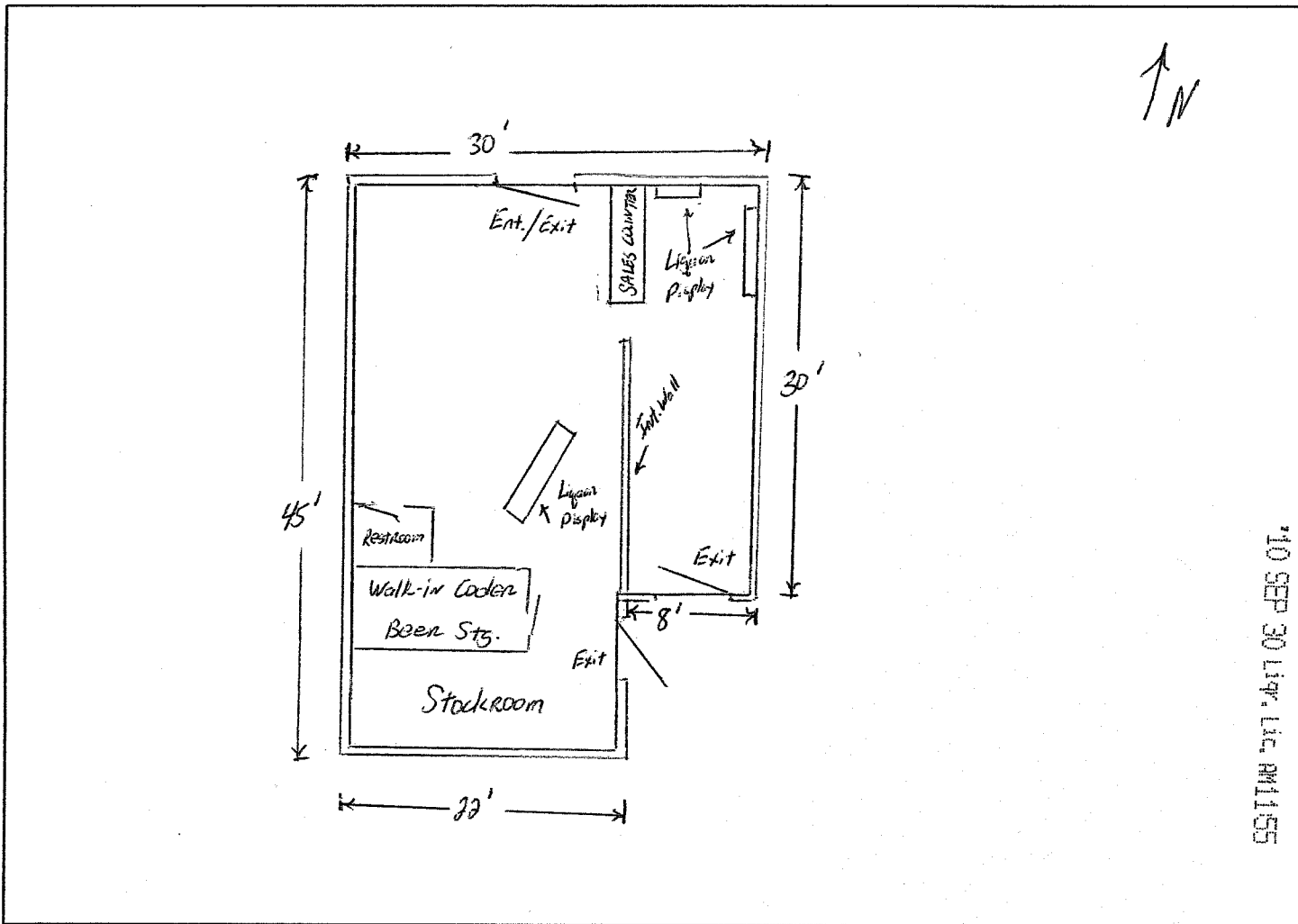
As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

MRA  
applicant's initials

**SECTION 15 Diagram of Premises**

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

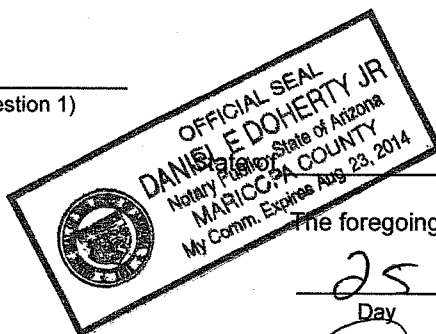
If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.



**SECTION 16 Signature Block**

I, Michael Richard Jelinski, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X [Signature]  
(signature of applicant listed in Section 4, Question 1)



The foregoing instrument was acknowledged before me this \_\_\_\_\_ County of \_\_\_\_\_

25 of Sept, 2010  
Day Month Year  
[Signature]  
signature of NOTARY PUBLIC

My commission expires on : \_\_\_\_\_  
Day Month Year



10 SEP 30 1997 LIC #1155

STATE OF ARIZONA

DEPARTMENT OF LIQUOR LICENSES  
AND CONTROL

ALCOHOLIC BEVERAGE LICENSE

License 09040014

Issue Date: 5/13/2002

Expiration Date: 6/30/2011

Issued To:

DEBORRAH DAVIS ASCHBRENNER, Owner

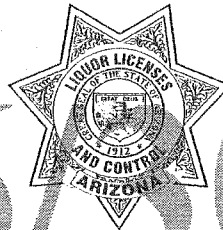
Liquor Store

Location:

TALL PINES MARKET  
HC-2 BOX 121-L  
HWY 260  
PAYSON, AZ 85541

Mailing Address:

DEBORRAH DAVIS ASCHBRENNER  
TALL PINES MARKET  
HC-2 BOX 121-L  
HWY 260  
PAYSON, AZ 85541



EXP

6/30/2011

POST THIS LICENSE IN A CONSPICUOUS PLACE

*Jerry A. Oliver Sr.*  
JERRY A. OLIVER, SR.  
DIRECTOR

## BILL OF SALE

This BILL OF SALE (this "Agreement"), dated as of September 30, 2010, is by and among Deborah Aschbrenner, a married woman, and/or her successors or assigns, as to an undivided interest, and Eli Mark Drakulich, Trustee and Deborah Davis Drakulich, Trustee of the ELI MARK DRAKULICH and DEBORRAH DAVIS DRAKULICH TRUST, dated July 20, 2007, as to an undivided interest and/or its successors or assigns (collectively the "Seller), and WICKENBURG OIL COMPANY, INC., an Arizona corporation and/or its successors or assigns (the "Buyer").

## RECITALS

A. Seller and Buyer are parties to a Membership Interest Purchase Agreement executed September 16, 2010 (the "Purchase Agreement"), pursuant to which, among other things, Buyer has agreed to purchase certain assets of Seller upon the terms and conditions specified therein.

B. This Agreement is being executed and delivered in order to affect the transfer to Buyer of such assets as set forth in the Purchase Agreement.

## AGREEMENTS

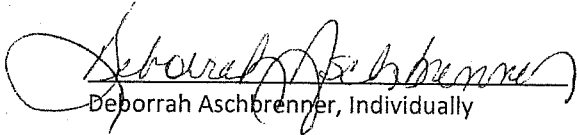
In consideration of the premises and the mutual covenants and agreements set forth in the Purchase Agreement, the parties hereby agree as follows:

1. **Definitions.** Capitalized terms used in this Agreement and not otherwise defined herein shall have the meaning ascribed thereto in the Purchase Agreement.
2. **Sale of Assets.** Seller, in accordance with and subject to the terms of the Purchase Agreement, hereby sells, conveys, assigns, transfers and delivers to Buyer, and Buyer, in accordance with and subject to the Purchase Agreement, hereby purchases and acquires from Seller, all of Seller's right, title and interest of every kind and nature, in and to the Personal Property. FURTHERMORE, Seller warrants that he, she or they are the lawful owner of said personal property and hereby certifies, under oath, that he, she or they have good right to sell the same as aforesaid, and that the above described property is free and clear of all claims, liens and other encumbrances whatsoever, EXCEPT, as specified herein. Seller further agrees to warrant and defend same against the lawful claims and demands of all persons whomsoever.
3. **Counterparts.** This Agreement is executed pursuant to the Purchase Agreement and may be executed in two counterparts, each of which as so executed shall be deemed to be an original but both of which together shall constitute one and the same instrument. A facsimile signature shall be acceptable as an original for all purposes.
4. **Binding Effect.** This Agreement shall inure to the benefit of and be binding upon Buyer and Seller, and their respective successors and assigns, but shall not create any right of subrogation or other right on the part of any other person.
5. **Amendment, Waiver or Termination.** This Agreement cannot be amended, waived or terminated except by a writing signed by the parties hereto.
6. **Governing Law.** THIS AGREEMENT SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF ARIZONA.

10 SEP 30 11:47:16 AM 155

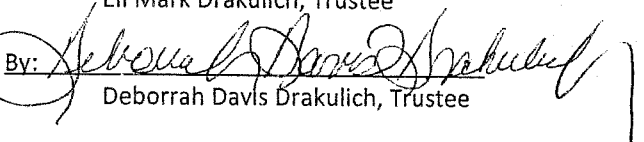
IN WITNESS WHEREOF, Buyer and Seller have caused this Bill of Sale to be executed individually or in their respective corporate names by their respective proper officers thereunto duly authorized, as of the date first written above.

SELLER:

  
Deborah Ashbrenner, Individually

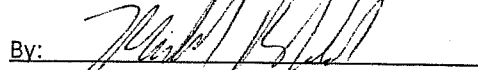
ELI MARK DRAKULICH and DEBORRAH DAVIS  
DRAKULICH TRUST, dated July 20, 2007

By:   
Eli Mark Drakulich, Trustee

By:   
Deborah Davis Drakulich, Trustee

BUYER:

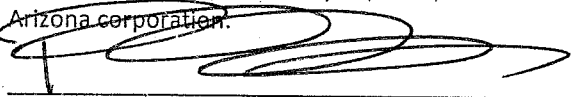
WICKENBURG OIL COMPANY, INC.,  
an Arizona corporation


By:   
Michael R. Jelinek  
Its: President

ACKNOWLEDGEMENT

STATE OF ARIZONA                     )  
  )  
COUNTY OF MARICOPA            )       SS.

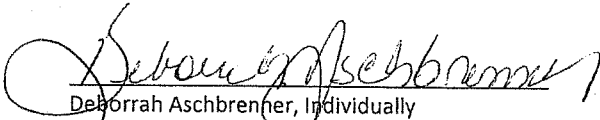
Acknowledged before me on this 30<sup>th</sup> day of September, 2010 by Deborah Ashbrenner, a married woman, Eli Mark Drakulich, Trustee and Deborah Davis Drakulich, Trustee of the ELI MARK DRAKULICH and DEBORRAH DAVIS DRAKULICH TRUST, dated July 20, 2007, and Michael R. Jelinek, President of WICKENBURG OIL COMPANY, INC., an Arizona corporation.

  
NOTARY PUBLIC


 **BRENDA J. BAIRD**  
Notary Public - Arizona  
Maricopa County  
Expires 06/29/2011

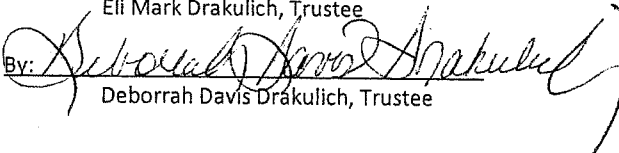
By our signatures below we hereby acknowledge having read, understood, and agree that this document accurately reflects our intentions as outlined in the Purchase Agreement.

SELLER:

  
Deborah Ashbrenner, Individually

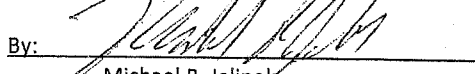
ELI MARK DRAKULICH and DEBORRAH DAVIS  
DRAKULICH TRUST, dated July 20, 2007

By:   
Eli Mark Drakulich, Trustee

By:   
Deborah Davis Drakulich, Trustee

BUYER:

WICKENBURG OIL COMPANY, INC.,  
an Arizona corporation

By:   
Michael R. Jelinek  
Its: President

10 SEP 30 11:41 AM '10

## ARIZONA DEPARTMENT OF LIQUOR LICENSES &amp; CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
(602) 542-5141

400 W Congress #521  
Tucson AZ 85701-1352  
(520) 628-6595

## QUESTIONNAIRE

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.  
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

09 04 0014

(If the location is currently licensed)

1. Check appropriate box → ☐ Controlling Person ☐ Agent ☐ Manager (Only)  
(Complete Questions 1-19) (Complete All Questions except # 14, 14a & 21)  
Controlling Person or Agent must complete #21 for a Manager Controlling Person or Agent must complete # 21

2. Name: Jelinek Michael Richard Date of Birth: 1 / 1 / 1955  
Last First Middle (NOT a Public Record)

3. Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_  
(NOT a public record) (NOT a public record)

4. Place of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_  
City State Country (not county)

5. Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: ( ) -

6. Name of Current or Most Recent Spouse: \_\_\_\_\_ Date of Birth: 1 / 1 / 1955  
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden

7. You are a bona fide resident of what state? \_\_\_\_\_ If Arizona, date of residency: \_\_\_\_\_

8. Telephone number to contact you during business hours for any questions regarding this document. ( ) -

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: \_\_\_\_\_ Premises Phone: ( ) -

11. Physical Location of Licensed Premises Address: 46-2 Box 121-L Hwy 260 Payson 619 85541  
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
	CURRENT		

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↑

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
	CURRENT					

# ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
(602) 542-5141

## QUESTIONNAIRE

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with **BLACK INK**.  
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

**Liquor License #**

09040014

(If the location is currently licensed)

1. Check appropriate box → ☒ Controlling Person (Complete Questions 1-19) ☒ Agent (Complete All Questions except # 14, 14a & 21) ☐ Manager (Only) (Complete All Questions except # 14, 14a & 21)  
Controlling Person or Agent must complete #21 for a Manager Controlling Person or Agent must complete # 21

2. Name: Last First Middle Date of Birth: (NOT a Public Record)  
Jelinek Michael Richard

3. Social Security Number: (NOT a public record) Drivers License #: (NOT a public record) State: Arizona

4. Place of Birth: City State Country (not county) Height: Weight: Eyes: Hair:  
Elgin Illinois USA 5' 11" 195 Blu Br

5. Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: (NOT a public record)

6. Name of Current or Most Recent Spouse: Last First Middle Maiden Date of Birth: (NOT a public record)  
Jelinek Lynette Kay Phillips

7. You are a bona fide resident of what state? Arizona If Arizona, date of residency: 02/01/1993

8. Telephone number to contact you during business hours for any questions regarding this document. 623-687-6735

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Tall Pines Market Premises Phone: 928-478-4550

11. Physical Location of Licensed Premises Address: 1101 Christopher Creek Loop Christopher Creek Gila 85541  
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
02/1993	CURRENT	President/CEO	Wickenburg Oil Company, Inc. 22512 N. 82nd Ave. Peoria, AZ 85383

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↑

13. Indicate your residence address for the last five (5) years: ↓

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
02/1999	CURRENT	Own	22512 N. 82nd Ave.	Peoria	AZ	85383

If you checked the Manager box on the front of this form skip to # 15


14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  
If you answered YES, how many hrs/day? 8, and **answer #14a below**. If NO, skip to #15. ☒ YES ☐ NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)  
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. ☒ YES ☐ NO


15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? ☐ YES ☒ NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? ☐ YES ☒ NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? ☐ YES ☒ NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? ☐ YES ☒ NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? ☒ YES ☐ NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved, and dispositions.

**SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED**

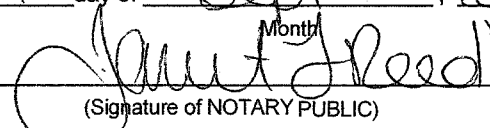
20. I, Michael Richard Jelinek, hereby declare that I am the APPLICANT/REPRESENTATIVE  
(print full name of Applicant)  
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X   
(Signature of Applicant)

  
My commission expires on: 17, Feb. 2013  
Day Month Year

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this  
24<sup>th</sup> day of Sept, 2010  
Month Year

  
(Signature of NOTARY PUBLIC)

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT  
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.  
The manager named must be at least 21 years of age.

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

X \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Signature of Controlling Person or Agent (circle one) Month Year

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

\_\_\_\_\_  
Print Name

My commission expires on: \_\_\_\_\_  
Day Month Year

**Supplemental Information for Question 19**

I was the owner and controlling person for a liquor license series #10.

The license was issued by Arizona Department of Liquor Licenses & Control.

The license was applied for and obtained in approximately 1983

This license was for: Jelinek 76 Mart

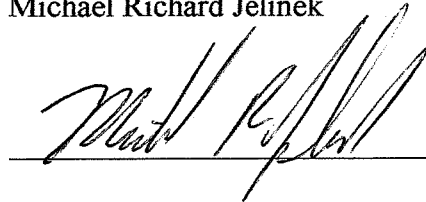
1322 E. Santa Fe Avenue

Flagstaff, Arizona 86001

The license was transferred or surrendered in approximately 1990 when the business was sold to Carter Oil Company.

This information is accurate to the best of my recollection.

Michael Richard Jelinek

A handwritten signature in cursive script, appearing to read "Michael R. Jelinek", written over a horizontal line.

Date: 09-20-2010

10 SEP 30 11:47 AM '15

Arizona Department of Liquor Licenses and Control  
 800 West Washington, 5th Floor  
 Phoenix, Arizona 85007  
 www.azliquor.gov  
 602-542-5141

### CERTIFICATE OF TITLE 4 TRAINING COMPLETION

Do Not Duplicate This Form

Certificates must be completed by a state-approved training course provider, in black ink, on an original form.

Michael Jelinet

Full Name (please print)

[Signature]

Signature

9-14-2010

Training Completion Date

9-14-2015

Certificate Expiration Date

(MANAGEMENT - 5 years from completion date)  
 (BASIC - 3 years from completion date)

Type of Training Completed (check Yes or No)

☒ Yes

☐ No

BASIC

☒ Yes

☐ No

ON SALE

☒ Yes

☐ No

MANAGEMENT

☒ Yes

☐ No

OFF SALE

☒ Yes

☐ No

BOTH

☐ Yes

☒ No

OTHER

If Trainee Is Employed By A Licensee

Name of Licensee

Business Name

Liquor License #

### Alcohol Training Program Provider Information

Discovery Detective Group and Academy

Company or Individual Name (please print)

6501 E Greenway Parkway #103-500

Address

Scottsdale

AZ

85254

(481

) 951

6545

City

State

Zip

Daytime Contact Phone #

I certify the above named individual has successfully completed the training specified above in accordance with Arizona Revised Statute, Arizona Administrative Code, and the training course curriculum approved by the Department of Liquor Licenses and Control:

Jacque Bell

Name of Trainer (please print)

Jacque Bell

Trainer Signature

9-14-2010

Date

Pursuant to A.R.S. § 4-112(G)(2), mandatory Title 4 liquor law training is required prior to the issuance of all new liquor license applications submitted after November 1, 1997.

The persons(s) required to attend both the BASIC and MANAGEMENT Title 4 liquor law training, on- or off-sale, will include all of the following:

Owner(s)

Licensee/agent or manager(s) actively involved in daily business operation

A valid (not expired) Certificate of Title 4 Training Completion must be submitted to the Department of Liquor Licenses and Control before a liquor license application is considered complete.

Before acceptance of a manager's questionnaire and/or agent change for an existing liquor license, proof of attendance for the BASIC and MANAGEMENT Title 4 liquor law training (on- or off-sale) is required.

10 SEP 30 11:47 AM '15





# ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS

Professional License and Commercial License  
Department of Liquor Licenses and Control

Liquor License #: 09040014

Ownership Name: Michael Richard Jelinek  
(as listed on the current liquor license application or renewal application)

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

**Directions:** All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

## SECTION I — APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) Michael Richard Jelinek DATE 09/27-2010

TYPE OF APPLICATION (check one) ☒ INITIAL APPLICATION ☐ RENEWAL

TYPE OF LICENSE Series #9

## SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION

**Directions:** Attach a legible copy of the front, and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided: Birth Certificate

A. Are you a citizen or national of the United States? (check one) ☒ Yes ☐ No

B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country.

City Elgin State (or equivalent) Illinois Country or Territory USA

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

DLLC 2/20/09

AG 11/08/07 - 81662

### SECTION III — ALIEN STATUS DECLARATION

**Directions:** To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. Name of document provided: \_\_\_\_\_.

#### **“Qualified Alien” Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))**

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- ☐ 2. An alien who is granted asylum under Section 208 of the INA.
- ☐ 3. A refugee admitted to the United States under Section 207 of the INA
- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- ☐ 8. An alien who is, or whose child or child's parent is a “battered alien” or an alien subjected to extreme cruelty in the United States.

#### **Nonimmigrant Status (8 U.S.C. § 1621(a)(2))**

- ☐ 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).

#### **Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))**

- ☐ 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

#### **Other Persons (8 U.S.C. § 1621(c)(2)(A) and (C))**

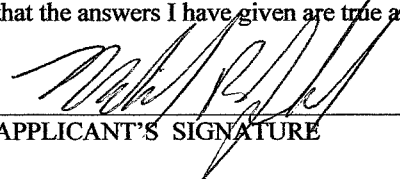
- ☐ 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- ☐ 13. A foreign national not physically present in the United States.

#### **Otherwise Lawfully Present (A.R.S. § 1-501)**

- ☐ 14. A person not described in categories 1–13 who is otherwise lawfully present in the United States. PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

**SECTION IV — DECLARATION**

**All applicants must complete this section.** I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

  
\_\_\_\_\_  
APPLICANT'S SIGNATURE

September 27, 2010  
\_\_\_\_\_

TODAY'S DATE

SEP 30 19:14:15  
ML156

## Attachment to Form 1 Applicant Statement

### EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

#### LIST A: U.S. CITIZEN OR U.S. NATIONAL

Note: In this List, the term "Service" refers to the U.S. Citizenship and Immigration Service, formerly, the U.S. Immigration and Naturalization Service (INS).

[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR § 104.23; 63 FR 41662-01 August 4, 1998); and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

#### Evidence showing U.S. citizen or U.S. national status includes the following:

##### a. Primary Evidence:

- (1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) United States passport;
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-561, Certificate of Citizenship;
- (6) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (7) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (8) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- (9) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

[Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

##### b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status:

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;

- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parents(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a State-or jurisdiction-approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

**c. Collective Naturalization**

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

**Puerto Rico:**

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

**U.S. Virgin Islands:**

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

**Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):**

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

**d. Derivative Citizenship**

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make a determination of derivative U.S. citizenship:

**Applicant born abroad to two U.S. citizen parents:** Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

**Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent:** Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

**Applicant born out of wedlock abroad to a U.S. citizen mother:** - Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

**Applicant born in the Canal Zone or the Republic of Panama:**

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

**e. Adoption of Foreign-Born Child by U.S. Citizen**

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

**f. U.S. Citizenship By Marriage**

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

## **LIST B: QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED INTO U.S. FOR LESS THAN ONE YEAR**

The documents listed below that are registration documents are indicated with an asterisk ("\*").

### **a. "Qualified Aliens"**

Evidence of "Qualified Alien" status includes the following:

#### ***Alien Lawfully Admitted for Permanent Residence***

- \*Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on \*I Form I-94.

#### ***Asylee***

- \* Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- \*Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
- \* Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

#### ***Refugee***

- \* Form I-94 annotated with stamp showing admission under § 207 of the INA;
- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- \* Form I-766 (Employment Authorization Document) annotated "A3"

#### ***Alien Paroled Into the U.S. for a Least One Year***

- \* Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

#### ***Alien Whose Deportation or Removal Was Withheld***

- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
- \* Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

#### ***Alien Granted Conditional Entry***

- \* Form I-94 with stamp showing admission under §203(a)(7) of the INA;
- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- \* Form I-766 (Employment Authorization Document) annotated "A3."

#### ***Cuban/Haitian Entrant***

- \* Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on \* Form I-94 with the code CU6 or CU7; or
- Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.

#### ***Alien Who Has Been Declared a Battered Alien or Alien Subjected to Extreme Cruelty***

- U.S. Citizenship and Immigration Service petition and supporting documentation

### **b. Nonimmigrant**

Evidence of "Nonimmigrant" status includes the following:

- \* Form I-94 with stamp showing authorized admission as nonimmigrant

### **c. Alien Paroled into U.S. for Less than One Year**

Evidence includes:

- \* Form I-94 with stamp showing admission for less than one year under section 212(d)(5) of the INA

10 SEP 30 147.14 PM 156

# CERTIFICATION OF VITAL RECORD

## STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

ORIGINAL STATE OF ILLINOIS  
CERTIFICATE OF LIVE BIRTH

REGISTRATION DISTRICT NO. 452  
REGISTERED NUMBER 828

CHILD'S BIRTH NUMBER 112-81 02-1199

1. PLACE OF BIRTH a. COUNTY <b>Elgin</b> COUNTY, ILLINOIS		2. USUAL RESIDENCE OF MOTHER a. STATE <b>Illinois</b> b. COUNTY <b>McHenry</b>	
b. Birth took place <input type="checkbox"/> OUTSIDE city limits and in <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named at 1c.		c. Residence is <input type="checkbox"/> OUTSIDE city limits and in <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named at 2d.	
c. CITY, VILLAGE, OR TOWN <b>Elgin</b>		d. CITY, VILLAGE, OR TOWN <b>Crystal Lake</b>	
d. MOTHER'S LENGTH OF STAY IN 1b or 1c. <b>2 1/2 hours</b>		e. LENGTH of RESIDENCE AT 2c or 2d <b>6 years</b>	
e. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address) <b>St. Joseph Hospital</b>		f. STREET ADDRESS <b>386 Harold</b>	
3. CHILD'S NAME a. (FIRST) <b>Michael</b> b. (MIDDLE) <b>Richard</b> c. (LAST) <b>Jelinek</b>		4. SEX <b>Male</b>	
5a. THIS BIRTH was SINGLE <input checked="" type="checkbox"/> , TWIN <input type="checkbox"/> , TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET, was this child born 1st <input type="checkbox"/> , 2nd <input type="checkbox"/> , 3rd <input type="checkbox"/>	
6. DATE OF BIRTH (HOUR) (MONTH) (DAY) (YEAR) <b>10:52 A.M.</b> <b>[REDACTED]</b> <b>[REDACTED]</b> <b>[REDACTED]</b>		7. FATHER'S FULL NAME a. (FIRST) <b>Richard</b> b. (MIDDLE) <b>Joseph</b> c. (LAST) <b>Jelinek</b>	
8. MOTHER'S FULL NAME a. (FIRST) <b>Clara</b> b. (MIDDLE) <b>June</b> c. (LAST) <b>Madsen</b>		9. HIS AGE <b>30 YEARS</b>	
10. HIS BIRTHPLACE (City and State or Country) <b>Carv, Illinois</b>		11a. HIS USUAL OCCUPATION <b>Own Business</b>	
12. MOTHER'S FULL NAME a. (FIRST) <b>Clara</b> b. (MIDDLE) <b>June</b> c. (LAST) <b>Madsen</b>		11b. KIND OF BUSINESS OR INDUSTRY <b>Service Station</b>	
13. HER AGE <b>28 YEARS</b>		14. HER BIRTHPLACE (City and State or Country) <b>Elgin, Illinois</b>	
15. MOTHER'S MAILING ADDRESS <b>386 Harold</b> <b>Crystal Lake, Illinois</b>		16. CHILDREN PREVIOUSLY BORN TO MOTHER (Do NOT include THIS child) a. How many OTHER children are NOW LIVING <b>4</b> b. How many OTHER children were born alive, but are NOW DEAD <b>0</b> c. How many were STILLBORN (e.g., delivered dead alive through medical progress) <b>0</b>	
17. I hereby certify that this child was born alive at the place and on the hour and date stated above. I further certify that I interviewed the mother and took the following statement: <b>Paul P. [Signature] M.D.</b> ADDRESS: <b>Crystal Lake, Illinois</b>		18. INFORMANT <b>Myrtle E. Spierler, Elgin, Ill.</b> LOCAL REGISTRAR	
SIGNED: <b>Paul P. [Signature] M.D.</b> DATE: <b>3/28/61</b> MIDWIFE OTHER (specify): 20. Received for filing on <b>Mar. 30, 1961</b> (Deputy) <b>[Signature]</b>		PHONE NO. <b>459 - 0545</b>	

10 SEP 30 1961  
PRINTED AT THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH

469530

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

DATE ISSUED

**Eric E. Whitaker M.D.**  
ERIC E. WHITAKER, M.D.  
STATE REGISTRAR

JUN 12 2007



## ARIZONA DEPARTMENT OF LIQUOR LICENSES &amp; CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
(602) 542-5141

400 W Congress #521  
Tucson AZ 85701-1352  
(520) 628-6595

# QUESTIONNAIRE

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.  
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLIC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLIC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

09640014

(If the location is currently licensed)

1. Check appropriate box → ☐ Controlling Person ☐ Agent  
(Complete Questions 1-19)  
Controlling Person or Agent must complete #21 for a Manager ☐ Manager (Only)  
(Complete All Questions except # 14, 14a & 21)  
Controlling Person or Agent must complete #21

2. Name: Jelimal Lynette Kay Date of Birth:      /      /       
Last First Middle (NOT a Public Record)

3. Social Security Number:                      Drivers License #:                      State:                       
(NOT a public record) (NOT a public record)

4. Place of Birth:                      City                      State                      Country                      (not county) Height:      Weight:      Eyes:      Hair:     

5. Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: (      )      -     

6. Name of Current or Most Recent Spouse:                      Date of Birth:      /      /       
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden

7. You are a bona fide resident of what state?                      If Arizona, date of residency:                     

8. Telephone number to contact you during business hours for any questions regarding this document. (      )      -     

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises:                      Premises Phone: (      )      -     

11. Physical Location of Licensed Premises Address: HC-2 Box 121-L Hwy 260 Payson 619 85541  
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
	CURRENT		

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
	CURRENT					

## ARIZONA DEPARTMENT OF LIQUOR LICENSES &amp; CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
(602) 542-5141

## QUESTIONNAIRE

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.  
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

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The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

09040014

(If the location is currently licensed)

1. Check appropriate box → ☒ Controlling Person ☐ Agent ☐ Manager (Only)  
(Complete Questions 1-19) (Complete All Questions except # 14, 14a & 21)  
Controlling Person or Agent must complete #21 for a Manager Controlling Person or Agent must complete # 21

2. Name: Jelinek Lynette Kay Date of Birth: [REDACTED]  
Last First Middle (NOT a Public Record)

3. Social Security Number: [REDACTED] Drivers License #: [REDACTED] State: Arizona  
(NOT a public record) (NOT a public record)

4. Place of Birth: Flagstaff Arizona USA Height: 5' 02" Weight: 105 Eyes: Br Hair: Br  
City State Country (not county)

5. Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: [REDACTED]

6. Name of Current or Most Recent Spouse: Jelinek Michael Richard Date of Birth: [REDACTED]  
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? Arizona If Arizona, date of residency: 02/01/1993

8. Telephone number to contact you during business hours for any questions regarding this document. 623-826-3870

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Tall Pines Market Premises Phone: 928-478-4550

11. Physical Location of Licensed Premises Address: 1101 Christopher Creek Loop Christopher Creek Gila 85541  
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
10/2003	CURRENT	Human Services Division Mg.	City of Glendale FD 5800 W. Glenn Dr., Glendale, AZ 85301

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
02/1999	CURRENT	Own	22512 N. 82nd Ave.	Peoria	AZ	85383

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  
If you answered YES, how many hrs/day? \_\_\_\_\_, and **answer #14a below**. If NO, skip to #15. ☐ YES ☒ NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)  
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. ☐ YES ☐ NO
15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? ☐ YES ☒ NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? ☐ YES ☒ NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? ☐ YES ☒ NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? ☐ YES ☒ NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? ☐ YES ☒ NO

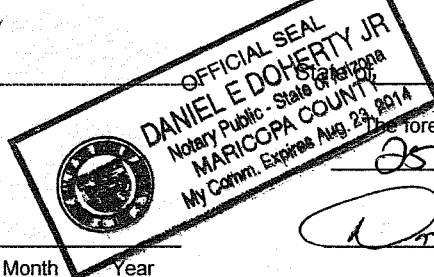
If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved, and dispositions.

**SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED**

20. I, Lynette Kay Jelinek, hereby declare that I am the APPLICANT/REPRESENTATIVE  
(print full name of Applicant)  
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X

Lynette Kay Jelinek  
(Signature of Applicant)



My commission expires on: \_\_\_\_\_

Day Month Year

The foregoing instrument was acknowledged before me this  
25 day of Sept, 2010  
Month Year  
Daniel E. Doherty Jr.  
(Signature of NOTARY PUBLIC)

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT  
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.  
The manager named must be at least 21 years of age.

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

X \_\_\_\_\_  
Signature of Controlling Person or Agent (circle one)

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

Print Name

(Signature of NOTARY PUBLIC)

My commission expires on: \_\_\_\_\_

Day Month Year

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